



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 942

DATE: September 23, 2010

TO: Iowa Medicaid Remedial Services and Community Mental Health Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Remedial Clinical Best Practices Quality Initiative

EFFECTIVE: October 1, 2010

In an effort to improve the quality of services provided to Medicaid members receiving Remedial Services, the IME Medical Services Unit and Iowa Plan reviewed clinical best practices to address specific diagnostic categories. The purpose was to ensure that Iowa's Medicaid members are receiving treatment consistent with best practices and treatment that is of the highest quality enabling members to return to optimal functioning within the shortest period of time. Diagnoses under review include Adjustment Disorder and Attention Deficit/Hyperactivity Disorder.

Adjustment Disorder Quality Initiative

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR)* the essential feature of an Adjustment Disorder is a psychological response to an identifiable stressor resulting in clinically significant emotional or behavioral symptoms in excess of what would be expected given the nature of the stressor. By definition, an Adjustment Disorder must resolve within six months of the termination of the stressor. However, the symptoms may persist for a prolonged period if they occur in response to a chronic stressor and should be noted in the diagnosis by use of the specifier "Chronic".

A comprehensive literature review on best practice regarding Adjustment Disorders revealed that psychotherapy is the treatment of choice for Adjustment Disorder. The most recognized forms of psychotherapy include interpersonal psychotherapy and problem solving psychotherapy.

In addition to ensuring that proper diagnosis is made consistent with the DSM-IV, LPHAs should ensure that psychotherapy is part of the treatment plan in response to the diagnosis of Adjustment Disorder and should add the specifier of "Chronic" when chronic stressors resulting in excessive behavioral response are noted.

The Iowa Plan will be reviewing data for its providers to analyze trends in the use of the Adjustment Disorder diagnoses. A process to review providers who are using these diagnoses in excess of a normative trend will be implemented. A best practice outline will be shared with Iowa Plan providers focused on assuring that the Adjustment Disorder diagnoses are being applied accurately. The diagnosis should only be applied to those clients who have adjustment impairments in excess of what would be expected given the stressor.

The IME Medical Services Unit will implement the following protocol:

- Initial service requests identifying Adjustment Disorder as a diagnosis will be reviewed to determine if the member is currently receiving therapy or has in the last six months, through the Iowa Plan or another identified resource. If additional services do not include psychotherapy, a Missing Component Letter will be sent to the provider identifying the noncompliance with clinical best practice. The LPHA's order will be reviewed to ensure the identified impairments demonstrate an excess of what would be expected and planned services appropriate for remedial. The IME Medical Services Unit will also communicate LPHA trends identified to the Iowa Plan for follow up regarding treatment planning.
- Continued service requests identifying Adjustment Disorder as a diagnosis beyond 6 months duration will be reviewed for the Chronic specifier. If not found, a Missing Component Letter will be sent to the provider identifying the need for a revised diagnosis. The IME Medical Services Unit will also communicate LPHA trends identified to the Iowa Plan for follow up regarding appropriate use of the Adjustment Disorder diagnosis.

ADHD Quality Initiative

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR)* the diagnosis of ADHD requires a minimal symptom complex be present for at least six months and be a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development. Other criteria include symptoms being present before age seven, impairment present in two or more settings and clinically significant impairment found in social, academic or occupational functioning.

A comprehensive literature review on best practice regarding ADHD revealed that medication is the treatment of choice for ADHD and in many cases, particularly those with co-morbidity, a combined approach utilizing both behavioral treatment and medication management is recommended.

Behavioral treatment is especially recommended for children or adolescents who are aggressive or have a co-occurring diagnosis of Conduct Disorder. Family interventions directed at coaching parents on behavior management methods are especially useful and have demonstrated success in reducing problem behavior.

In addition to ensuring that proper diagnosis is made consistent with the DSM-IV, LPHAs should report all prescribed medications including those behaviorally related medications prescribed by medical providers.

The IME Medical Services Unit will implement the following protocol in response to requests identifying ADHD as the primary diagnosis:

- Initial service requests identifying ADHD as a diagnosis will be reviewed to determine if the member is currently receiving medication and therapy (if indicated). Therapy may have been reported for the last six months. If medication and indicated therapy are not reported, a

Missing Component Letter will be sent to the provider identifying the noncompliance with clinical best practice. If the response indicates that the parents refuse to consider medication and therapy (if indicated), services may still be approved for an initial trial to determine effectiveness.

- Continued service requests identifying ADHD as a diagnosis will also be reviewed to determine if the member is currently receiving medication and therapy, if indicated. Therapy may have been reported for the last six months. If not found, a Missing Component Letter will be sent to the provider identifying the noncompliance with clinical best practice. As with all continued service requests, progress evidenced from the previous services, including medication, will be evaluated. If progress has not been demonstrated and the parent remains unwilling to consider medication and therapy, peer review will be obtained to determine ability to benefit from continued services.
- Both initial and continued service requests will be reviewed to determine if family services are being requested or provided through other means. If services do not include a family intervention, a Missing Component Letter will be sent to the provider identifying the noncompliance with clinical best practice. Continued service requests will be reviewed for past utilization of family services. Revised treatment approaches will be necessary to engage the family when there has been limited utilization of family services. The IME Medical Services Unit will also communicate LPHA trends identified to Magellan for follow up regarding treatment planning.

Member Rights and Responsibilities

In response to complaints about the quality of Remedial Services, the IME is also initiating member education by providing written rights and responsibilities to each remedial consumer and/or parent of a member receiving remedial services. This initiative is directed at increasing the partnership between Remedial providers and members and to ensure that the most effective treatment is achieved. A copy of the rights and responsibilities notice, form 470-4975, is attached to this letter.

If you have any questions about this quality initiative, please call the Iowa Plan at 800-638-8820 or the IME Medical Services Unit at 515-256-4623 (local) or 800-383-1173. Questions regarding claim billing or payment should be addressed to the IME Provider Services Unit at 515-256-4609 (local) or 800-338-7909 or by e-mail at: imeproviderservices@dhs.state.ia.us.